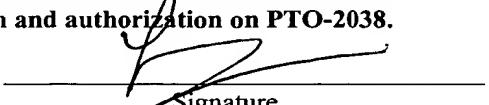


U.S. PATENT AND TRADEMARK OFFICE
JUN 28 2004
JC177

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740756-1936																				
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	In re Application of Shunpei YAMAZAKI et al.																					
	Application Number 09/255,777	Filed February 23, 1999																				
For SEMICONDUCTOR DEVICE AND METHOD FOR FORMING THE SAME																						
Group Art Unit 2812		Examiner Richard A. Booth																				
<p>Signature: _____</p> <p>Name: _____</p>																						
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p>																						
<table> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td> <td>\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)</td> <td>\$ _____</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Applicant claims small entity status.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> A check to cover the fee is enclosed.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</td> </tr> </table>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ 110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)	\$ _____	 <input type="checkbox"/> Applicant claims small entity status.		<input type="checkbox"/> A check to cover the fee is enclosed.		<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet.	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ 110.00																					
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)	\$ _____																					
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)	\$ _____																					
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$ _____																					
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)	\$ _____																					
 <input type="checkbox"/> Applicant claims small entity status.																						
<input type="checkbox"/> A check to cover the fee is enclosed.																						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																						
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.																						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet.																						
<p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>																						
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																						
<u>June 28, 2004</u> <u>Date</u>		 Signature <u>Luan C. Do, Reg. No. 35,483</u> Typed or printed name																				
06/30/2004 ADDOFO1 00000051 192380 09255777 01 FC:1251 110.00 DA																						
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>																						

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)**110.00

Complete if Known	
Application Number	09/255,777
Filing Date	February 23, 1999
First Named Inventor	Shunpei YAMAZAKI et al.
Examiner Name	Richard A. Booth
Art Unit	2812
Attorney Docket No.	740756-1936

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **19-2380 [740756-1936]**

O I P E J C I T Y
JUN 28 2004

Deposit Account Name **Nixon Peabody LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

I. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1)		(\$) 0	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims		-20** =	0
Independent Claims		-3** =	0
Multiple Dependent		X	0

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	(\\$)
1202	18	2202
1201	86	2201
1203	290	2203
1204	86	2204
1205	18	2205
SUBTOTAL (2)		(\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	(\\$)	(\\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$)**110.00

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

Date _____

Signature _____

Typed or printed name _____

SUBMITTED BY

Name (Print/Type)	Luan C. Do	Registration No. (Attorney/Agent)	38,434	Telephone	(202) 585-8000
Signature				Date	June 28, 2004

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450